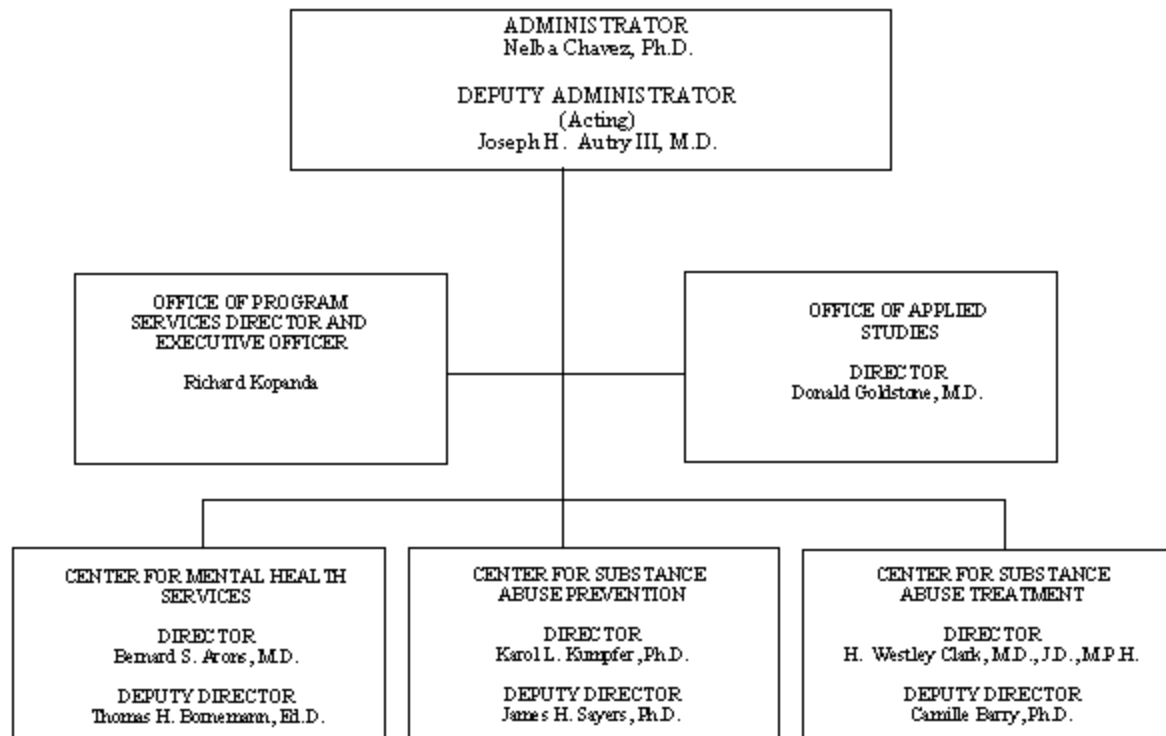


# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Substance Abuse and Mental Health Services Administration



## **Substance Abuse and Mental Health Services Administration**

### **Appropriation Language**

For carrying out titles V and XIX of the Public Health Service Act with respect to substance abuse and mental health services, the Protection and Advocacy for Mentally Ill Individuals Act of 1986, and section 301 of the Public Health Service Act with respect to program management, [\$2,488,005,000: Provided, That of the amount provided, \$300,000 shall be for the Philadelphia City-wide Improvement and Planning Agency.]1/ \$2,726,505,000, *of which* \$100,000,000 *shall become available on October 1, 2000 and remain available until September 30, 2001.* 2/ *(Department of Health and Human Services Appropriation Act, 1999, as included in Public Law 105-277, section 101(f).)*

#### Explanation of Language Changes

- 1/ This language is not required . This provision was included in FY 1999 to earmark funds.
- 2/ This language would authorize the availability of \$100,000,000 on October 1, 2000 for the Substance Abuse Block Grant.

# **Substance Abuse and Mental Health Services Administration**

## **Amounts Available for Obligation**

|  | <b>FY 1998<br/>Actual</b> | <b>FY 1999<br/>Appropriation</b> | <b>FY 2000<br/>Estimate</b> |
|--|---------------------------|----------------------------------|-----------------------------|
| Appropriation:                                     |                           |                                  |                             |
| Labor/HHS-Annual.....                              | \$2,147,156,000           | \$2,488,005,000                  | \$2,626,505,000             |
| Subtotal, adjusted budget<br>authority.....        | 2,147,156,000             | 2,488,005,000                    | 2,626,505,000               |
| Temporary suppl to SABG P.L.104-121.               | 50,000,000                | ---                              | ---                         |
| Unobligated balance, start of year                 | 295,541                   | 272,429                          | ---                         |
| Unobligated balance available,<br>end of year..... | (272,429)                 | ---                              | ---                         |
| Unobligated balance expiring.....                  | (3,773,739)               | ---                              | ---                         |
| Offsetting Collections from:                       |                           |                                  |                             |
| Federal Sources.....                               | 20,264,044                | 22,000,000                       | 22,000,000                  |
| <b>Total obligations.....</b>                      | <b>\$2,213,669,417</b>    | <b>\$2,510,277,429</b>           | <b>\$2,648,505,000</b>      |

## Substance Abuse and Mental Health Services Administration Summary of Changes

|                         |                       |
|-------------------------|-----------------------|
| 2000 Estimate .....     | \$2,626,505,000       |
| 1999 Appropriation..... | -2,488,005,000        |
| Net Change .....        | <u>+\$138,500,000</u> |

|   | FY 1999 |                     | Change from Base |                     |
|---|---------|---------------------|------------------|---------------------|
|   | FTE     | Budget<br>Authority | FTE              | Budget<br>Authority |
| <u>Increases:</u>                                   |         |                     |                  |                     |
| <u>A. Built-in:</u>                                 |         |                     |                  |                     |
| 1. Annualization of 1999 pay costs.....             | --      | \$47,031,000        | --               | +\$1,137,000        |
| 2. Within grade pay increases.....                  | --      | 47,031,000          | --               | +837,000            |
| 3. Increase for January 2000 pay raise at 4.4%..... | --      | 47,031,000          | --               | +1,528,000          |
| 4. Increased rental payments to GSA.....            | --      | 4,865,000           | --               | +229,000            |
| 5. Increase in overhead charges.....                | --      | 53,400,000          |                  | +769,000            |
| Subtotal, Built-in Increases.....                   | --      | ---                 | --               | +4,500,000          |
| <u>B. Program:</u>                                  |         |                     |                  |                     |
| 1. Targeted Capacity Expansion.....                 | --      | 133,515,000         | --               | +55,000,000         |
| 2. PATH Homeless Formula Grants.....                | --      | 26,000,000          | --               | +5,000,000          |
| 3. Mental Health:                                   |         |                     |                  |                     |
| a. Mental Health Block Grant.....                   | --      | 288,816,000         | --               | +70,000,000         |
| 4. Substance Abuse:                                 |         |                     |                  |                     |
| a. Substance Abuse Block Grant.....                 | --      | 1,585,000,000       | --               | +30,000,000         |
| Subtotal, Program Increases.....                    | --      | ---                 | --               | +160,000,000        |
| Total Increases.....                                | --      | ---                 | --               | +164,500,000        |

### Decreases:

#### A. Program:

|   |    |            |    |                |
|---|----|------------|----|----------------|
| 1. Knowledge Development and Application:               |    |            |    |                |
| a. Substance Abuse Prevention -- program reduction..... | -- | 78,717,000 | -- | -26,000,000    |
| Subtotal, Program Decreases.....                        | -- | ---        | -- | -26,000,000    |
| Total Decreases.....                                    | -- | ---        | -- | -26,000,000    |
| Net Change.....   | -- | ---        | -- | +\$138,500,000 |

# **Substance Abuse and Mental Health Services Administration** **Budget Authority by Activity**

*(Dollars in thousands)*

|  | FY 1998<br>Actual  | FY 1999<br>Enacted | FY 2000<br>Request | FY 2000<br>+/- FY 1999 |
|--|--------------------|--------------------|--------------------|------------------------|
| <b>Knowledge Development and Appl.....</b>       | <b>\$273,421</b>   | <b>\$293,317</b>   | <b>\$267,317</b>   | <b>-\$26,000</b>       |
| <i>Mental Health (Non-add) .....</i>             | <i>(57,964)</i>    | <i>(97,964)</i>    | <i>(97,964)</i>    | <i>0</i>               |
| <i>Substance Abuse Prevention (Non-add).....</i> | <i>(84,321)</i>    | <i>(78,717)</i>    | <i>(52,717)</i>    | <i>-26,000</i>         |
| <i>Substance Abuse Treatment (Non-add).....</i>  | <i>(131,136)</i>   | <i>(116,636)</i>   | <i>(116,636)</i>   | <i>0</i>               |
| <b>Targeted Capacity Expansion.....</b>          | <b>\$91,411</b>    | <b>\$133,515</b>   | <b>\$188,515</b>   | <b>+\$55,000</b>       |
| <i>Substance Abuse Prevention (Non-add).....</i> | <i>(66,679)</i>    | <i>(78,283)</i>    | <i>(78,283)</i>    | <i>0</i>               |
| <i>Substance Abuse Treatment (Non-add).....</i>  | <i>(24,732)</i>    | <i>(55,232)</i>    | <i>(110,232)</i>   | <i>+55,000</i>         |
| <b>High Risk Youth.....</b>                      | <b>6,000</b>       | <b>7,000</b>       | <b>7,000</b>       | <b>---</b>             |
| <b>National Data Collection.....</b>             | <b>18,000</b>      | <b>---</b>         | <b>---</b>         | <b>---</b>             |
| <i>Office of Applied Studies (Non-add).....</i>  | <i>(18,000)</i>    | <i>---</i>         | <i>---</i>         | <i>---</i>             |
| <b>Children's Mental Health Services.....</b>    | <b>72,927</b>      | <b>78,000</b>      | <b>78,000</b>      | <b>---</b>             |
| <b>Protection &amp; Advocacy.....</b>            | <b>21,957</b>      | <b>22,957</b>      | <b>22,957</b>      | <b>---</b>             |
| <b>PATH Homeless Formula Grants.....</b>         | <b>23,000</b>      | <b>26,000</b>      | <b>31,000</b>      | <b>+5,000</b>          |
| <b>Mental Health Block Grant.....</b>            | <b>275,420</b>     | <b>288,816</b>     | <b>358,816</b>     | <b>+70,000</b>         |
| <b>Substance Abuse Block Grant .....</b>         | <b>1,310,107</b>   | <b>1,585,000</b>   | <b>1,615,000</b>   | <b>+30,000</b>         |
| <b>Program Management 1/.....</b>                | <b>55,400</b>      | <b>53,400</b>      | <b>57,900</b>      | <b>+4,500</b>          |
| <b>FTE's</b>                                     | <b>(549)</b>       | <b>(574)</b>       | <b>(565)</b>       | <b>(-9)</b>            |
| <b>TOTAL, SAMHSA .....</b>                       | <b>\$2,147,643</b> | <b>\$2,488,005</b> | <b>\$2,626,505</b> | <b>+\$138,500</b>      |
| SSI Supplement to SABG (P.L. 104-121) .....      | \$50,000           | ---                | ---                | ---                    |
| <b>TOTAL, Program Level.....</b>                 | <b>\$2,197,643</b> | <b>\$2,488,005</b> | <b>\$2,626,505</b> | <b>+\$138,500</b>      |

1/ Includes a transfer of \$900,000 for methadone maintenance for FY 1998.

# Substance Abuse and Mental Health Services Administration

## Budget Authority by Object Class

### Substance Abuse and Mental Health Services Administration

#### SALARIES AND EXPENSES

|  | ( Dollars in Thousands )<br>FY 1999 | FY 2000<br>Estimate | Increase or<br>Decrease |
|--|-------------------------------------|---------------------|-------------------------|
| Appropriation                                      | Estimate                            |                     |                         |
| <b>Personnel Compensation:</b>                     |                                     |                     |                         |
| Full Time Permanent (11.1)                         | 1,200                               | 1,200               | ---                     |
| Other than Full-Time Permanent (11.3)              | 1,235                               | 1,384               | 149                     |
| <b>Personnel Compensation:</b>                     |                                     |                     |                         |
| Other Personnel Compensation (11.5/11.8)           | 1,200                               | 1,200               | ---                     |
| Full Time Permanent (11.1)                         | 336,946                             | 338,209             | \$1,263                 |
| <b>Total Personnel Compensation</b>                | <b>39,381</b>                       | <b>40,793</b>       | <b>1,412</b>            |
| Other than Full-Time Permanent (11.3)              | 1,235                               | 1,384               | 149                     |
| Personnel Benefits (12.1)                          | 7,610                               | 8,252               | 642                     |
| Other Personnel Compensation (11.5/11.8)           | 1,200                               | 1,200               | ---                     |
| Benefits to Former Personnel (13.0)                | 40                                  | 45                  | 5                       |
| <b>Total Personnel Compensation</b>                | <b>39,381</b>                       | <b>40,793</b>       | <b>1,412</b>            |
| <b>Subtotal Pay Costs</b>                          | <b>47,031</b>                       | <b>49,090</b>       | <b>2,059</b>            |
| Civilian Personnel Benefits (12.1)                 | 7,610                               | 8,252               | 642                     |
| Travel (21.0)                                      | 1,199                               | 1,100               | (99)                    |
| Benefits to Former Personnel (13.0)                | 40                                  | 45                  | 5                       |
| Transportation of Things (22.0)                    | 105                                 | 100                 | (5)                     |
| <b>Subtotal Pay Costs</b>                          | <b>47,031</b>                       | <b>49,090</b>       | <b>2,059</b>            |
| Rental Payments to GSA (23.1)                      | 4,865                               | 5,094               | 229                     |
| Travel (21.0)                                      | 1,199                               | 1,100               | (99)                    |
| Rental Payments to Others (23.2)                   | 40                                  | 45                  | 5                       |
| Transportation of Things (22.0)                    | 105                                 | 100                 | (5)                     |
| Communications, Utilities and Misc. Charges (23.3) | 1,401                               | 1,442               | 41                      |
| Rental Payments to Others (23.2)                   | 40                                  | 45                  | 5                       |
| Printing and Reproduction (24.0)                   | 3,608                               | 3,600               | (8)                     |
| Communications, Utilities and Misc. Charges (23.3) | 1,401                               | 1,442               | 41                      |
| Consulting Services (25.1)                         | 15,410                              | 15,842              | 432                     |
| Printing and Reproduction (24.0)                   | 3,608                               | 3,600               | (8)                     |
| Other Services (25.2)                              | 163,613                             | 168,464             | 4,851                   |
| Other Contractual Services (25.0)                  | 101,576                             | 104,575             | 2,999                   |
| Purchases from Gov't Accounts (25.3)               | 24,085                              | 24,801              | 716                     |
| Supplies and Materials (26.0)                      | 392                                 | 350                 | (42)                    |
| GOCO's (25.4)                                      | 44                                  | 44                  | ---                     |
| <b>Subtotal Non-Pay Costs</b>                      | <b>108,321</b>                      | <b>111,212</b>      | <b>2,891</b>            |
| Supplies and Materials (26.0)                      | 392                                 | 350                 | (42)                    |
| <b>Total Salaries and Expenses</b>                 | <b>\$155,352</b>                    | <b>\$160,302</b>    | <b>\$4,950</b>          |
| Equipment (31.0)                                   | 1,783                               | 1,500               | (283)                   |
| Grants, Subsidies, and Contributions (41.0)        | 2,224,429                           | 2,355,033           | 130,604                 |
| <b>Subtotal Non-pay Costs</b>                      | <b>2,440,974</b>                    | <b>2,577,415</b>    | <b>136,441</b>          |
| <b>Total</b>                                       | <b>\$2,488,005</b>                  | <b>\$2,626,505</b>  | <b>\$138,500</b>        |



**Significant Items in House, Senate, and Conference  
Appropriations Committee Reports**

**1999 House Appropriations Committee Report Language (No. 105-635)**

**Item: Violence in schools** -- The Committee is concerned by the recent outbreaks of violence in our Nation's schools and believes one important tool to address this problem is to improve children's mental health services. The additional funding for mental health knowledge development and applications will assist schools in identifying and addressing the mental health needs of children and preventing aggressive behaviors. Schools are an ideal location for children's mental health activities because they facilitate peer-based programs, comprehensive approaches, and access to professionals in a familiar environment where many of the problem behaviors occur. (Page 107)

**Action Taken or to be Taken**

CMHS has initiated a new program to support the delivery and improvement of mental health services in our nation's schools. This ambitious program is designed as a comprehensive, interagency collaborative approach with the Department of Education and the Department of Justice to link schools with local and State mental health service providers. School districts will implement a wide range of early childhood development, early intervention and prevention, and mental health treatment services that appear to have the greatest likelihood of preventing violence among children.

**Item: Need for trained health providers** -- The Committee is aware of the need for more trained health providers, including social workers, to work with people suffering from HIV/AIDS. The Committee encourages CMHS to consider continued funding for existing grants and contracts previously approved under the current AIDS training program. (Page 107)

**Action Taken or to be Taken**

CMHS will continue to fund the current HIV/AIDS Education grants and contracts.

**Item: HIV/AIDS mental health services projects** -- The Committee commends CMHS for its commitment in disseminating knowledge gained from the HIV/AIDS Mental Health Services Demonstration projects. The Committee urges CMHS to maintain its support for projects that provide direct mental health services while at the same time using the findings from previous projects to develop new knowledge in this area. (Page 107)

**Action Taken or to be Taken**

CMHS plans to continue funding in collaboration with HRSA, NIAAA, NIDA, NIMH and CSAT for the HIV/AIDS Outcome Cost Study begun in FY 1998. This program is based on the findings from the AIDS Demonstration program. The program studies treatment adherence, health outcomes and associated costs in providing mental health services,



substance abuse services and primary health care services to people living with HIV/AIDS.

**Item: Impact of managed care on availability of mental health services** -- The Committee is concerned about the impact of managed care on the availability of mental health services to underserved communities. The Committee urges the Administrator to develop standards and guidelines for the delivery of mental health services in managed care entities, including guidelines for cultural competencies, workforce diversity, and collaboration among primary care disciplines. In addition, the Committee believes that the design of curricula and training models to prepare mental health professionals for managed care and other interdisciplinary health care settings merits consideration for standards and guidelines funding. Finally, the Committee encourages CMHS to collaborate with the Health Resources and Services Administration on the development of training protocols for mental health professionals in primary care settings including the linking of health-related agencies with graduate schools for pre-service and continuing education. The Committee requests that SAMHSA report on the status of such efforts at its fiscal year 2000 appropriation hearing. (Page 107)

Action Taken or to be Taken

CMHS is currently pilot testing the cultural competence standards for widespread implementation. Implementation will necessitate training, both pre-service training such as the Minority Fellowship Program and in-service training or continuing education. CMHS will continue to collaborate with HRSA. This program has a training needs assessment to assure quality of MH/SA services for older adults through primary care. We are also collaborating on extending a successful coalition building to improve mental health services for older adults project. This is a critically important foundation for interdisciplinary/academic/community and primary care training.

**Item: Care and treatment for the homeless** -- More needs to be done to provide effective support for communities seeking to develop creative solutions to the problem of care and treatment for homeless individuals with severe mental illnesses. The Committee encourages CMHS to support the Interagency Council on the Homeless and other Federal agencies to address to address this issue. (Page 107)

Action Taken or to be Taken

CMHS continues to be a partner with HUD, NIMH, VA and others on issues facing the homeless and actively participates on the Interagency Council on the Homeless.

**Item: Mental health minority fellowship program** -- The Committee recognizes the role that the minority fellowship program plays in providing mental health services. The Committee encourages SAMHSA to continue this program through its different centers. (Page 107)

Action Taken or to be Taken

SAMHSA plans to continue support for the Minority Fellowship Program at the same level

as FY 1998.

**Item:** **Assessing quality of patient care** -- ...the Committee is concerned that in order to monitor the quality of care that patients receive, a methodology is needed that will use information from patients and providers to assess the quality of care, while reflecting the full range of clinical complexity, setting and financing and delivery systems that may influence care. Therefore, the Committee expects that SAMHSA will fund data collection, analysis, and reporting systems in order to develop performance measures. These performance measures should use an evidence-based methodology such as those developed by a national medical organization in a scientifically-rigorous manner that will ensure the reliability and validity of the resulting data. The Committee believes that such indicators will also help fulfill the Results Act requirements for assessing outcomes. (Page 110)

#### Action Taken or to be Taken

SAMHSA has made substantial progress in developing measures and obtaining data to provide baselines and develop performance targets to monitor the quality of services in its programs. These measures are reflected in SAMHSA's FY 2000 Government Performance and Results Act (GPRA) Performance Plan. Client outcome measures developed in the past year for SAMHSA's discretionary programs emphasize functional outcomes, such as whether clients are employed or engaged in productive activities, have a permanent place to live in the community, or have involvement with the criminal justice system. Clinical outcomes, such as the absence of substance abuse or the absence of health, behavior, or social consequences from the disease or disorder also are included. Similar types of measures are being implemented for both block grants. Two additional performance measurement development efforts of great significance are SAMHSA's collaboration with the Office of National Drug Control Policy on the National Drug Control Strategy/Performance Measures of Effectiveness and with other Department of Health and Human Services (HHS) agencies on Healthy People 2010.

SAMHSA has pursued three measurement development efforts in the area of managed care, built around the framework of a 1997 Institute of Medicine (IOM) report. The American College of Mental Health Administrators, with SAMHSA financial and programmatic support, has brought together key stakeholders to reach consensus on core performance measures for mental health and substance abuse. As part of this effort, SAMHSA also has convened The Washington Circle, an expert panel of managed care experts, health services researchers and providers, to guide the process of performance measure development, pilot testing and implementation for substance abuse and managed care. SAMHSA has worked closely with the Health Care Financing Administration to ensure that standards and guidelines in the Quality Improvement System for Managed Care (QISMC) are sensitive to mental health and substance abuse service systems. SAMHSA works with the three national organizations representing State mental health, substance abuse, and Medicaid directors to identify measures that could be used by States in contracting for Medicaid managed behavioral health care services.

These diverse efforts are arriving at similar conclusions regarding core measures of quality in patient care.

## **1999 Senate Appropriations Committee Language (No. 105-300)**

**Item:** **Linkages between KDA and State network** -- The Committee urges the agency to establish stronger linkages between KDA programs and the State network through regular consultation and coordination of effort with the State agencies and through other appropriate steps. (Page 147)

### **Action Taken or to be Taken**

Both CSAT-s and CSAP-s Knowledge Development and Application programs represent a comprehensive approach to identifying, disseminating and promoting the adoption of Abest practices® in the substance abuse treatment system, including States. Consistent with this mission, State input regarding the KDA initiatives is solicited on a regular basis through regional meetings, national conferences and periodic meetings with the National Association of State Alcohol and Drug Abuse Directors (NASADAD). These activities, coupled with Congressional and Departmental initiatives comprise a significant component of the input that both Centers seek from States.

Findings are disseminated to the States through a variety of activities. These include the publication and dissemination of CSAT-s Treatment Improvement Protocols and CSAP-s Prevention Enhancement Protocols, the planned development of grant funding announcements that support the implementation of best practices in State and community systems, and through other dissemination activities. Finally, both Centers utilize KDA based information in delivering technical assistance to State systems.

Additionally, CSAP undertakes several ongoing efforts with NASADAD, including regular Leadership meetings and the Regional National Prevention System meetings, all of which provide opportunities to discuss program plans and draw stronger linkages between our ongoing KDA efforts and State systems and needs. CSAT anticipates focusing its FY 2000 national State Systems Development Conference on best practices, with a specific agenda that will bring the KDA findings to the field. This conference is attended by all of the State agencies responsible for substance abuse treatment as well as providers and other policy makers.

**Item:** **Mental health/substance abuse services** -- The Committee again restates its belief that mental health and substance abuse services are essential elements of primary care, and its concern about the impact of managed care on access to mental health services, and supports training of behavioral and mental health professionals for work in managed care settings, particularly in rural and underserved communities. The Committee urges the development of standards and guidelines for the delivery of such services in managed care entities, including curricula design and training models. The Committee further encourages CMHS to collaborate with the Health Resources and Services Administration (HRSA) on the development of training protocols for mental health professionals in primary care settings. (Page 147)

### **Action Taken or to be Taken**

Over the past two years, CMHS has developed reports on standards of care, clinical guidelines and provider and system competencies reports. A dissemination and utilization plan is being developed including pilot testing cultural competence standards, and design of curricula and training models to prepare mental health professionals for managed care.

**Item: Funding of interdisciplinary health professions training --** The Committee is pleased with the successful collaboration between the Center for Mental Health Services and the Bureau of Health Professions in HRSA to fund interdisciplinary health professions training projects, including training of behavioral and mental health professionals, for practice in managed care/primary care settings and urges that this joint effort be continued. The Committee encourages both agencies to develop technical assistance for use in health professions training programs for the purpose of enhancing primary care interdisciplinary models of practice. These efforts should be focused upon rural native populations that are at-risk for the problems most encountered by these health professionals. (Page 148)

Action Taken or to be Taken

CMHS is collaborating with HRSA to continue an initiative on multi-disciplinary training of mental health professionals in primary care settings. CMHS also continues to support the Minority Fellowship Program which facilitates the entry of ethnic minority students into mental health careers and increases the number of psychiatrists, psychologists, social workers and nurses trained to teach, administer and provide direct mental health and substance abuse services to ethnic minority groups. With a program focused on underserved minority populations of Native Americans, Asian Pacific Americans, African Americans and Hispanic Americans, the Minority Fellowship Program (MFP) encourages training to meet personnel shortages in rural and urban minority communities.

**Item: Psychological effects of torture --** The Committee notes that survivors of torture from abroad represent a significant element in many of our communities. For many survivors, the psychological effects of torture can be crippling, but with treatment, they can become contributing members of their communities. For these reasons, the Committee recommends that the Center for Mental Health Services provide funding for research, training, and proper treatment for victims of torture. (Page 148)

Action Taken or to be Taken

Through an intra-agency agreement with the Office of Refugee Resettlement, CMHS staff will develop a directory of service providers and resources for treatment of survivors of torture, develop a clinical training manual for primary care providers on the recognition, assessment, and referral of survivors of torture, and develop a world wide web site for information and links related to survivors of torture.

**Item: Evidence-based methodology --** ... The Committee encourages the agency to create an evidence-based methodology developed by a national medical organization in a scientifically rigorous manner and based on information from patients and providers. This methodology

will allow the agency to assess the quality of care while reflecting the full range of clinical complexity, setting, and financing and delivery issues that may influence that care. (Page 148)

Action Taken or to be Taken

CMHS continues to develop its Consumer-Oriented Report Card for Managed Behavioral Healthcare. Currently, 40 State Mental Health agencies have grants to test this report card. In addition, CMHS is working with the Practice Guideline Coalition, representatives of the mental health disciplines, and consumer and family groups to define the issues in clinical and system practice guidelines and to develop appropriate, consensus-based courses of action. CMHS is also developing an information prototype that will include measures for guidelines, outcomes, and report cards.

**Item: Training projects --** The Committee urges the agency to fund training projects that foster cultural competencies, a diverse work force, collaboration among disciplines, and the use of interdisciplinary service delivery models, especially in rural areas such as Hawaii, where the cultural diversity factors predominate. (Page 149)

Action Taken or to be Taken

CMHS is collaborating with HRSA to continue an initiative on multi-disciplinary training of mental health professionals in primary care settings. CMHS also continues to support the Minority Fellowship Program which facilitates the entry of ethnic minority students into mental health careers and increases the number of psychiatrists, psychologists, social workers and nurses trained to teach, administer and provide direct mental health and substance abuse services to ethnic minority groups. With a program focused on underserved minority populations of Native Americans, Asian Pacific Americans, African Americans and Hispanic Americans, the MFP encourages training to meet personnel shortages in rural and urban minority communities.

**Item: Substance abuse among homeless --** The Committee is concerned that substance abuse among the Nation's homeless population remains a serious problem that receives limited attention. The Committee encourages the Department to address the unique needs and life circumstances of homeless people through a targeted treatment program. (Page 151)

Action Taken or to be Taken

CSAT and CMHS are planning to co-fund a grant program in FY 1999 with an emphasis on short-term interventions and appropriate follow-up targeted to homeless mothers with psychiatric and/or substance use disorders. The goals of this program include movement out of homelessness, stability in housing placement, decreased alcohol and drug use, and improvement in mental health and family functioning.

In addition, the Targeted Treatment Capacity Expansion Program, which CSAT plans to

reissue in 1999, provides a vehicle for jurisdictions in which substance abuse treatment for homeless populations is a serious need to seek support to address the problem.

**Item: Substance abuse among youth --** The Committee is concerned about the growing problem of substance abuse among children and teenagers. The Committee encourages the Department to develop and disseminate new treatment models for adolescents. These efforts should include a focus on effective school-based intervention. (Page 151)

Action Taken or to be Taken

In FY 1998, CSAT began a program to identify Exemplary Treatment Models for Adolescents. Five grants were awarded, designed to evaluate those regimens of care which appear to be exemplary and determine their usefulness for further replication and dissemination. CSAT plans to expand the program in FY 1999, making 8-12 new awards including some focusing on school-based interventions. In addition, a series of meetings were held late in 1998 with community representatives (i.e., community leaders, educators, parents, youth, researchers) in an effort to determine what is happening with youth, ages 9-12, and to gather input for action to further address treatment issues for this population.

In FY 1998, CSAT began a collaborative effort with the National Institute on Alcohol Abuse and Alcoholism (NIAAA). The purpose of this program is to contribute to the identification and development of efficacious treatment interventions for adolescent alcohol abusers and alcoholics. In addition, projects will be identifying, developing and/or testing screening and diagnostic instruments for use with this population.

**Item: Substance abusing youth at risk --** The Committee recognizes that substance abusing youth are at a high risk for involvement in the juvenile justice system. Therefore, the Committee encourages the Department to support the development of models that foster linkages between school-based and juvenile justice interventions. Some promising approaches that warrant further testing include juvenile assessment centers, truancy interventions, mentoring, family empowerment, and juvenile drug courts. (Page 151)

Action Taken or to be Taken

In FY 1998, CSAT began a program to identify Exemplary Treatment Models for Adolescents. Five grants were awarded, designed to evaluate those regimens of care which appear to be exemplary and determine their usefulness for further replication and dissemination. CSAT plans to expand the program in FY 1999, making 8-12 new awards. One planned target population is adolescents involved with the juvenile justice system.

**Item: Prevention model --** The Committee also provides \$7,000,000 for the purpose of making grants to public and nonprofit private entities for projects to demonstrate effective models for the prevention, treatment, and rehabilitation of drug abuse and alcohol abuse among high risk youth, as authorized by section 517 of the Public Health Service Act as amended. The Committee is highly concerned about the extent of substance abuse among high risk youth.

This population is vulnerable to initiating criminal activity against people and property, especially following the acute and chronic use of illicit substances and the abuse of alcohol. These grants are intended to strengthen local capabilities in confronting the complex interrelationships between substance and alcohol abuse and other activities that may predispose young individuals toward criminal, self-destructive, or antisocial behavior. (Page 152)

#### Action Taken or to be Taken

CSAP's Project Youth Connect is targeted toward high-risk youth, in particular, those youth who are at high risk for becoming substance abusers and/or involved in the criminal justice system. The program is designed to prevent or reduce substance abuse or delay its onset in youth (9- to 15-years old) by improving: school bonding and academic performance; family functioning and overall life management skills. The program utilizes two intervention strategies: 1 ) Youth Only Model where interventions include academic support, tutorial assistance, individual/group counseling, conflict resolution, problem solving, peer resistance behavior, violence prevention activities, substance abuse prevention, alternative/ recreational activities, and community service activities, and 2) Youth/Family Model which include the interventions from the youth only models as well as a family component which includes parent effectiveness training, parent support groups, family bonding activities (picnics, family outings), support to parents in conducting school conferences, and support to other siblings in the family.

CSAP has funded 15 projects under this program. Examples of programs funded to date include a Philadelphia, PA, program which targets 120 low income African American middle school youth who have been bystanders to serious violence in their home, school, or community, and/or who may have been directly affected by violence; a program in Northern Colorado which is working with Hispanic, Mexican American and European Americans ages 11-14 in two middle schools to improve academic performance, school bonding and life management skills among high risk youth; a program in St. Louis, MO., which is working with sixth graders from severely distressed neighborhoods in the city; and a program that is working with high-risk Chinese and Vietnamese immigrant youth from primarily low-income families with limited English proficiencies from areas around and within Los Angeles, CA.



### **1999 Conference Report Language (No. 105-825)**

**Item:** **Youth mentoring program** -- The conference agreement includes bill language identifying \$300,000 for the Philadelphia City-Wide Improvement and Planning Agency for a youth mentoring program. (Page 1280)

#### **Action Taken or to be Taken**

CSAP awarded a grant to the Philadelphia City-Wide Improvement and Planning Agency on January 7, 1999.

**Item:** **Violence in schools** -- There are concerns about the recent outbreaks of violence in our Nation's schools and it is believed that one important tool to address this problem is to improve children's mental health services. This additional funding will assist schools in identifying and addressing the mental health needs of children and preventing aggressive behaviors. Schools are an ideal location for children's mental health activities because they facilitate peer-based programs, comprehensive approaches, and access to professionals in a familiar environment where many of the problem behaviors occur. It is intended that SAMHSA will collaborate with the Department of Education to develop a coordinated approach. (Page 1281)

#### **Action Taken or to be Taken**

CMHS has initiated a new program to support the delivery and improvement of mental health services in our nation's schools. This ambitious program is designed as a comprehensive, interagency collaborative approach with the Department of Education and the Department of Justice to link schools with local and State mental health service providers. School districts will implement a wide range of early childhood development, early intervention and prevention, and mental health treatment services that appear to have the greatest likelihood of preventing violence among children.

**Item:** **Funding of integrated service delivery system** -- The conference agreement provides \$2,000,000 from the Center for Mental Health Services KDA program and \$3,000,000 from the Center for Substance Abuse Treatment KDA program for a joint award to fund the development of an integrated service delivery system in the State of Alaska to provide both mental health and substance abuse treatment services. (Page 1281)

#### **Action Taken or to be Taken**

CSAT and CMHS are collaborating to provide funding to Alaska for the development of a community model for treating people with co-occurring mental and substance abuse disorders. Preliminary discussions have been held with State representatives, as well as a review of the CSAT Target Cities model of an integrated system as a possible model for this effort. That model includes a management information system, centralized referral, and case management services.

**Item:** **Assistance to rural areas in Alaska** -- The conference agreement provides \$1,000,000 for assistance to rural areas in Alaska to support the expansion of services for women and children as part of the Targeted Capacity Expansion Program. (Page 1281)

Action Taken or to be Taken

Three Targeted Treatment Capacity Expansion grants were awarded to Alaska in late September, 1998. In FY 1999, CSAT will continue these grants, as well as work with State representatives to provide technical assistance as needed. Funds will also be set aside to support additional Targeted Treatment Capacity Expansion as needed for this population.

**Item:** **HIV/AIDS funding for minority activities** -- The conference agreement provides \$22,000,000 in additional, targeted funding to complement existing and previously planned HIV/AIDS minority activities to strengthen abuse treatment and prevention programs that include an HIV component. These funds should also be used to address the HIV epidemic in the territories, such as in the Virgin Islands where, for example, the HIV/AIDS case rate is more than twice the national case rate of 24.1 per 100,000. (Page 1281)

Action Taken or to be Taken

Of the \$22 million, \$16 million was provided to CSAT and \$6 million to CSAP. CSAT will utilize \$16 million to augment, expand and enhance substance abuse treatment services that include an HIV component. Grants awarded will be restricted to metropolitan areas with AIDS case rates of 25 per 100,000 or higher and States with AIDS case rates of 10 or more per 100,000 (as reported in the CDC's HIV/AIDS Surveillance Report). These funds will be earmarked for comprehensive substance abuse treatment programs for the following minority populations at risk of contracting or living with HIV: substance abusing African American and Hispanic women and their children; substance abusing African American and Hispanic adolescent boys and girls; and substance abusing African American and Hispanic men (including self-identified homosexual and bisexual men).

The \$6 million in prevention will be used by CSAP to undertake a major Substance Abuse and HIV/AIDS Prevention for Youth and Women of Color Initiative focuses on providing HIV/substance abuse prevention services to African American and Hispanic youth and women, with a particular focus on designated hard-hit communities. A major component of this initiative is a Substance Abuse/HIV Prevention Targeted Capacity Expansion program which provides funds to community-based organizations, Historical Black Colleges and Universities, Hispanic Colleges and Universities, Faith communities, and other coalitions and/or partnerships for the purpose of strengthening the integration of HIV and substance abuse prevention services at the local level and increasing the provision of integrated services to African American and Hispanic youth and women. The HIV/AIDS initiative will also work with CSAP's Centers for the Application of Prevention Technology (CAPTs) to enable them to integrate HIV prevention into their substance abuse prevention materials and curricula. It will also help build capacity within the CAPTs to provide training and technical

assistance to community based organizations and other providers in the hardest hit communities. Finally, the HIV/AIDS initiative will partner with national organizations in several key areas, including accessing and retaining minority youth and women in prevention programs and ensuring the applicability and feasibility of proposed community programs.

**Substance Abuse and Mental Health Services Administration  
Authorizing Legislation**

|   | <u>FY 1999<br/>Amount<br/>Authorized</u> | <u>FY 1999<br/>Appropriation</u> | <u>FY 2000<br/>Amount<br/>Authorized</u> | <u>FY 2000<br/>Estimate</u> |
|---|--|----------------------------------|--|-----------------------------|
| <b>Knowledge Development and Application:</b>                           |  |                                  |  |                             |
| PHSA Section 501.....   | Indefinite                               | \$293,317,000                    | Indefinite                               | \$267,317,000               |
| <b>Targeted Capacity Expansion:</b>                                     |  |                                  |  |                             |
| PHSA Section 501.....   | Indefinite                               | \$133,515,000                    | Indefinite                               | \$188,515,000               |
| <b>High Risk Youth:</b>   |  |                                  |  |                             |
| PHSA Section 501.....   | Indefinite                               | \$7,000,000                      | Indefinite                               | \$7,000,000                 |
| <b>National Data Collection/State Infrast Dev:</b>                      |  |                                  |  |                             |
| PHSA Section 501.....   | Indefinite                               | ---                              | Indefinite                               | ---                         |
| <b>Mental Health:</b>   |  |                                  |  |                             |
| a. Community Support Program:   |  |                                  |  |                             |
| PHSA Section 520 A (e).....   | Expired                                  | ---                              | Expired                                  | ---                         |
| b. Homeless Demonstrations:   |  |                                  |  |                             |
| PHSA Section 520 A (e).....   | Expired                                  | ---                              | Expired                                  | ---                         |
| PHSA Section 506 (e).....   | Expired                                  | ---                              | Expired                                  | ---                         |
| c. HIV/AIDS Demonstrations:   |  |                                  |  |                             |
| PHSA Section 520 B (j).....   | Expired                                  | ---                              | Expired                                  | ---                         |
| e. Clinical Training and AIDS Training:                                 |  |                                  |  |                             |
| PHSA Section 303.....   | Indefinite                               | ---                              | Indefinite                               | ---                         |
| <b>Substance Abuse Prevention:</b>                                      |  |                                  |  |                             |
| a. High Risk Youth:   |  |                                  |  |                             |
| PHSA Section 517 (h).....   | Expired                                  | ---                              | Expired                                  | ---                         |
| b. Other Demonstrations:  |  |                                  |  |                             |
| PHSA Section 515 (c).....   | Indefinite                               | ---                              | Indefinite                               | ---                         |
| c. Community Prevention:  |  |                                  |  |                             |
| PHSA Section 516 (c).....   | Expired                                  | ---                              | Expired                                  | ---                         |
| d. Public Education and Dissemination:                                  |  |                                  |  |                             |
| PHSA Section 515 (c).....   | Indefinite                               | ---                              | Indefinite                               | ---                         |
| e. Clinical Training:   |  |                                  |  |                             |
| PHSA Section 515 (c).....   | Indefinite                               | ---                              | Indefinite                               | ---                         |
| <b>Substance Abuse Treatment:</b>                                       |  |                                  |  |                             |
| a. Residential Treatment Programs for<br>Pregnant and Postpartum Women: |  |                                  |  |                             |
| PHSA Section 508 (r).....   | Expired                                  | ---                              | Expired                                  | ---                         |
| b. Demonstration Projects of National<br>Significance:                  |  |                                  |  |                             |
| PHSA Section 510 (e).....   | Expired                                  | ---                              | Expired                                  | ---                         |
| d. Grants for SAT in Criminal Justice                                   |  |                                  |  |                             |
| PHSA Section 511 (d).....   | Expired                                  | ---                              | Expired                                  | ---                         |
| e. Training in Provision of Treatment                                   |  |                                  |  |                             |
| PHSA 512 (d).....   | Expired                                  | ---                              | Expired                                  | ---                         |

**Substance Abuse and Mental Health Services Administration  
Authorizing Legislation  
(continued)**

|   | <u>FY 1999<br/>Amount<br/>Authorized</u> | <u>FY 1999<br/>Appropriation</u> | <u>FY 2000<br/>Amount<br/>Authorized</u> | <u>FY 2000<br/>Estimate</u> |
|---|--|----------------------------------|--|-----------------------------|
| <u>Unfunded Substance Abuse Activities:</u>   |  |                                  |  |                             |
| a. Workplace & Small Business (Prevention)<br>PHSA Section 518 (e).....                             | Expired                                  | ---                              | Expired                                  | ---                         |
| b. Outpatient Treatment Programs for<br>Pregnant and Postpartum Women:<br>PHSA Section 509 (a)..... | Expired                                  | ---                              | Expired                                  | ---                         |
| <b>Mental Health Services for Children:</b>   |  |                                  |  |                             |
| PHSA Section 565 .....  | Expired                                  | \$78,000,000                     | Expired                                  | \$78,000,000                |
| <b>Protection and Advocacy:</b>   |  |                                  |  |                             |
| P.L. 102-173, Section 117.....  | Expired                                  | 22,957,000                       | Expired                                  | 22,957,000                  |
| <b>PATH Formula (Homeless):</b>   |  |                                  |  |                             |
| PHSA Section 535 (a).....   | Expired                                  | 26,000,000                       | Expired                                  | 31,000,000                  |
| <b>Mental Health PPBG:</b>  |  |                                  |  |                             |
| PHSA Section 1920 (a).....  | Expired                                  | 288,816,000                      | Expired                                  | 358,816,000                 |
| <b>Substance Abuse Block Grant:</b>   |  |                                  |  |                             |
| a. Block Grants for Prevention and<br>Treatment of Substance Abuse:<br>PHSA Section 1935 (a).....   | Expired                                  | 1,585,000,000                    | Expired                                  | 1,615,000,000               |
| <b>Buildings and Facilities:</b>  |  |                                  |  |                             |
| Public Law 98-621.....  | Indefinite                               | ---                              | Indefinite                               | ---                         |
| <b>Program Mangement:</b>   |  |                                  |  |                             |
| a. Program Management -<br>PHSA Section 301; Section 501 .....                                      | Indefinite                               | 51,599,000                       | Indefinite                               | 56,364,000                  |
| b. SEH Workers' Comp. Fund -<br>P.L. 98-621.....  | Indefinite                               | <u>1,801,000</u>                 | Indefinite                               | <u>1,536,000</u>            |
| <b>Total, SAMHSA.....</b>   |  | <b>\$2,488,005,000</b>           |  | <b>\$2,626,505,000</b>      |
| <b>Total Program Level.....</b>   |  | <b>\$2,488,005,000</b>           |  | <b>\$2,626,505,000</b>      |
| Total Appropriations Against<br>definite authorizations.....  |  | ---                              |  | ---                         |

Substance Abuse and Mental Health Services Administration  
Appropriations History

|  | <u>Budget Estimate<br/>to Congress</u> | <u>House<br/>Allowance</u> | <u>Senate<br/>Allowance</u> | <u>Appropriation</u>     |            |
|--|--|----------------------------|-----------------------------|--------------------------|------------|
| <u>Alcohol, Drug Abuse, and Mental Health Administration</u>     |  |                            |                             |                          |            |
| 1988   | 1,042,873,000                          | 503,034,000                | <u>1/</u> 1,469,313,000     | 1,373,727,000            |            |
| 1989   | 1,504,413,000                          | 507,594,000                | <u>2/</u> 1,583,191,000     | 1,562,712,000            |            |
| 1989 Supplmntl   | ---                                    | ---                        | ---                         | 283,000,000              |            |
| 1990   | 1,738,716,000                          | 1,917,162,000              | 2,005,448,000               | 1,926,818,000            | <u>3/</u>  |
| 1990 Sec 518 Red.  | ---                                    | ---                        | ---                         | -1,135,000               |            |
| 1990 (DOT Appr)  | 300,000,000                            | ---                        | ---                         | 727,000,000              |            |
| 1990 Sequester   | ---                                    | ---                        | ---                         | -26,745,000              |            |
| 1991   | 2,831,511,000                          | <u>4/</u> 2,825,891,000    | <u>3/5/</u> 3,000,283,000   | <u>3/</u> 2,966,898,000  | <u>3/</u>  |
| 1991 Sec 514 Red.  | ---                                    | ---                        | ---                         | -77,039,000              |            |
| 1991 Sequester   | ---                                    | ---                        | ---                         | -38,000                  |            |
| 1992   | 3,048,328,000                          | <u>6/</u> 2,917,742,000    | <u>6/</u> 3,175,832,000     | 3,081,119,000            | <u>7/</u>  |
| 1992 Sec 513, Sec 214 Red.                                       | ---                                    | ---                        | ---                         | -8,389,000               |            |
| 1993   | 3,241,159,000                          | <u>8/</u> 3,099,902,000    | <u>8/</u> n.a.              | n.a.                     |            |
| <u>Substance Abuse and Mental Health Services Administration</u> |  |                            |                             |                          |            |
| 1993 <u>9/</u>   | 2,037,928,000                          | <u>8/</u> 1,942,417,000    | <u>8/</u> 2,049,609,000     | <u>8/</u> 2,023,524,000  | <u>10/</u> |
| 1993 Sec 216, 511, 513 Red.                                      | ---                                    | ---                        | ---                         | -18,721,000              |            |
| 1994   | 2,153,480,000                          | <u>11/</u> 2,057,167,000   | 2,119,205,000               | <u>12/</u> 2,125,178,000 | <u>13/</u> |
| 1995   | 2,365,874,000                          | <u>14/</u> 2,166,148,000   | 2,164,179,000               | <u>15/</u> 2,181,407,000 | <u>16/</u> |
| 1995 Red. P.L.103-333  | ---                                    | ---                        | ---                         | -33,000                  |            |
| 1995 Red. P.L. 103-133   | ---                                    | ---                        | ---                         | -44,000                  |            |
| 1995 Resc. P.L. 104-19   | ---                                    | ---                        | ---                         | -662,000                 |            |
| 1996   | 2,244,392,000                          | 1,788,946,000              | 1,800,469,000               | <u>17/</u> 1,854,437,000 | <u>18/</u> |
| 1997   | 2,098,011,000                          | 1,849,946,000              | 1,873,943,000               | 2,134,743,000            |            |
| 1997 Red.P.L. 104-208  | ---                                    | ---                        | ---                         | -362,001                 |            |
| 1997 Red. P.L. 104-208   | ---                                    | ---                        | ---                         | -69,000                  |            |
| 1997 Advance Appro. P.L.104-121                                  | ---                                    | ---                        | ---                         | +50,000,000              | <u>19/</u> |

Substance Abuse and Mental Health Services Administration  
Appropriations History (Continued)

|                                 | <u>Budget Estimate<br/>to Congress</u> | <u>House<br/>Allowance</u> | <u>Senate<br/>Allowance</u> | <u>Appropriation</u>     |
|---------------------------------|--|----------------------------|-----------------------------|--------------------------|
| 1998                            | 2,155,943,000                          | 2,151,943,000              | 2,126,643,000               | 2,146,743,000 <u>19/</u> |
| 1998 Advance Appr. P.L. 104-121 |  |                            | ---                         | ---                      |
|                                 | +50,000,000 <u>20/</u>                 |                            |                             |                          |
| 1999                            | 2,279,643,000                          | 2,458,005,000              | 2,151,643,000               | 2,488,005,000            |
| 2000                            | 2,626,505,000                          | ---                        | ---                         | ---                      |

FOOTNOTES:

- 1/ Includes \$50,700,000 for the Homeless Act.
- 2/ House did not consider the NIDA and NIAAA research, research training, and direct operation, demonstration programs, Protection and Advocacy, and Grants to States, as they lacked authorizing legislation.
- 3/ Excludes advance funding for Homeless.
- 4/ Includes \$7,359,000 in 1991 Advance Funding for Homeless.
- 5/ House did not consider research training Community Support program; and mental health prevention demonstrations program as it lacked authorizing legislation.
- 6/ Excludes \$31,000,000 proposed to be transferred from the Office of National Drug Control Policy (ONDCP) Special Forfeiture Fund.
- 7/ Excludes \$19,000,000 transferred from the Special Forfeiture Fund.
- 8/ Excludes \$34,701,000 proposed to be transferred from the ONDCP Special Forfeiture Fund.
- 9/ FY 1993 Budget Estimate to Congress and House Allowance represent comparable funding levels based on the 1992 ADAMHA Reorganization Act as identified in Conference Report.
- 10/ Excludes \$33,701,000 transferred from the ONDCP Special Forfeiture Fund.
- 11/ Includes \$115,000,000 Presidential Investment.
- 12/ Excludes \$35,000,000 proposed to be transferred from the ONDCP Special Forfeiture Fund.
- 13/ Excludes \$25,000,000 transferred from the ONDCP Special Forfeiture Fund.
- 14/ Excludes \$45,000,000 proposed to be transferred from the ONDCP Special Forfeiture Fund.
- 15/ Excludes \$25,000,000 proposed to be transferred from the ONDCP Special Forfeiture Fund.
- 16/ Excludes \$14,000,000 proposed to be transferred from the ONDCP Special Forfeiture Fund. Reflects \$44,000 in SLUC and \$33,000 in performance awards reductions mandated by the appropriation bill and a rescission in the amount of \$662,000.
- 17/ Includes \$200,000,000 proposed transfer from the Safe and Drug Free Schools Act program of the Dept of Education for youth substance abuse prevention programs in schools and communities.
- 18/ A regular 1996 appropriation for this amount was not enacted.
- 19/ Advance appropriation P.L. 104-121 from Social Security Administration to Substance Abuse

Block Grant.

20/ It does not include \$900,000 for Methadone Maintenance



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